

# PART B - FEE(S) TRANSMITTAL

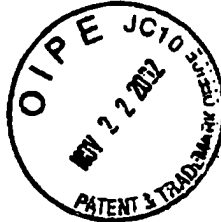
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23601 7590 08/26/2002

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**Deborah L. Cadena, Reg. No. 44,048** (Signature)  
*Deborah L. Cadena* (Signature)  
November 22, 2002 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/339,922	06/24/1999	WILLIAM D. HUSE	P-IX-3536	3233

**TITLE OF INVENTION:** ANTI-AVB3 RECOMBINANT HUMAN ANTIBODIES AND NUCLEIC ACIDS ENCODING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	11/26/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
GAMBEL, PHILLIP	1644	530-388220

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 \_\_\_\_\_  
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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**IXSYS, INC.**

**SAN DIEGO, CALIFORNIA**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☐ Publication Fee  
☒ Advance Order - # of Copies 10

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(Authorized Signature) *Deborah L. Cadena* (Date)

**Deborah L. Cadena, Reg. 44,048**

**11/22/02**

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01 FC:1501  
02 FC:6001

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